



**Prudential**

The Prudential Insurance Company of America  
Pruco Life Insurance Company of New Jersey  
Pruco Life Insurance Company  
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<http://lifeinsurance.prudential.com>

## Life Insurance Claim Form

**GETTING STARTED:** If you have any questions about completing this form, please refer to the instructions that begin on page 6 or contact us at 800-496-1035.

It's Prudential's responsibility to contact all named beneficiaries on the policies provided.

**REMEMBER:** Each beneficiary must complete and submit a separate claim form. Only one death certificate with a raised state seal is needed.

### 1. About You

Provide information about the beneficiary or claimant making the claim. Make sure to verify the Social Security Number (SSN), Tax Identification Number (TIN), or Employer Identification Number (EIN).

Name (First, Middle, Last)

Piper Olivia McClain

Street Address

3728 Mayfield Hwy

City, State, Zip

Benton, KY 42025

Home phone

Mobile phone

2707038098

Apt/Suite (optional)

Email address

Piper.McClain@yahoo.com

Relationship to deceased

Date of birth (mm/dd/yyyy)

09/26/2004

SSN, TIN or EIN [REDACTED] 0801

I am the (check one):

See page 6 of the instructions for the information regarding the appropriate TIN or EIN.

☒ Beneficiary - Person named to receive funds from the policy

☐ Power of Attorney for beneficiary (Attach Power of Attorney documentation)

☐ Representative of the insured's estate (Attach a copy of proof of appointment)

☐ Trustee (Attach a copy of the trust agreement) Name of trust

☐ Check if any beneficiaries are considered a "skip person" by the Internal Revenue Code. See instructions for more information.

☐ Legal guardian for the beneficiary (Attach a copy of the court order naming you as guardian)

If the beneficiary is a minor, provide minor's name and date of birth.

First name

MI

Last name

Date of birth (mm/dd/yyyy)

☐ Assignee (Specify amount you are claiming)

☐ Other (Please specify)

x

